

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 3 - 1 3

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

07-01-03

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1905 (w)(1) of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ -0-

b. FFY 2004 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A, Page 23

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Same Page, Revised 08-01-94, TN#94-13

10. SUBJECT OF AMENDMENT:

Revising language to better define "reasonable classification of individuals under the age  
of 21, 20, 19, and 18" per Foster Care Independence Act.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mike Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

December 19, 2003

16. RETURN TO:

Oklahoma Health Care Authority  
attn: Jim Hancock  
4545 N. Lincoln, Suite 124  
Oklahoma City, OK 73105

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

Dec. 23, 2003 26 Sept 2003

18. DATE APPROVED:

22 DECEMBER 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1 JULY 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

ANDREW A. FREDRICKSON

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR

DIV OF MEDICAID &amp; CHILDREN'S HEALTH

23. REMARKS:

c: Mike Fogarty  
Jim Hancock

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

Agency	Citation(s)	Groups Covered
Oklahoma Health Care Authority		

B. Optional Groups Other Than the Medically Needy  
(Continued)

- |                                       |              |   |
|---------------------------------------|--------------|---|
| 1902(a)(47)<br>and 1920 of<br>the Act | <u>  X  </u> | 17. Pregnant women who meet the applicable income levels specified in this plan under <u>Attachment 2.6-A</u> who are determined to be presumptively eligible by a qualified provider during a presumptive eligibility period in accordance with Section 1920 of the Act.   |
| 1902(z)(1)<br>the Act                 | <u>  X  </u> | 18. Tuberculosis (TB) infected individuals authorized of under Section 1902(z)(1) of the Act, who meet the income and resource requirements described in Supplement 14 to Attachment 2.6-A.   |
| P.L. No. 106-169                      | <u>  X  </u> | 19. Individuals who were in foster care when they left the custody of the Oklahoma Department of Human Services on their 18 <sup>th</sup> birthday, until they reach age 21. The income and resource requirements are the same as those for Children and Pregnant Women programs described in Supplement 8a to Attachment 2.6-A, page 1a. |

SUPERSEDES: TN- 94-13

STATE <u>Oklahoma</u>	A
DATE REC'D <u>09-26-03</u>	
DATE APP'D <u>12-22-03</u>	
DATE EFF <u>7-1-03</u>	
HCFA 179 <u>OK 03-13</u>	

Revised 07-01-03

 TN No. 03-13  
 Supersedes  
 TN No. 94-13
Approval Date 12-22-03 Effective Date 7-1-03